

United States District Court
844 King Street
Wilmington, Delaware 19701

Jourdean Lorah - Plaintiff
114 Walls Ave.
Wilmington, Delaware 19805

06-539

V

Department of Natural Resources
and Environmental Control - Defendant
89 King's Highway
Dover, Delaware 19901

The PMA Group- Defendant
P.O. Box 25249
Lehigh Valley, Pennsylvania 18002-5249

2006 SEP -1 PM 12: 09
BD scanned
FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE

**MOTION REGARDING THE IDENTIFICATION OF THE
ENCLOSED REPORT FROM DNREC**

Plaintiff, Jourdean Lorah has verified that the identification of Jordan Lorah is not the Plaintiff, Jourdean Lorah. Officer Kubrick of The Delaware State Police researched the identification, and name of Jordan Lorah through their computer system. No one by the name of Jordan Lorah with the gender of a male and the social security number that is on the DNREC report came up in their system. Officer Kubrick of the Delaware state police verified that a female named Jordan Lorah is residing in Sussex County. Neither female or male Jordan Lorah matched the identification of the Plaintiff, Jourdean Lorah. The fraud concerning the report

has economically extorted the Plaintiff, Jourdean Lorah. Plaintiff, Jourdean Lorah respectively prays that the United States District Court considers compensation for her loss. The dispute/conflict with employment has engendered the Plaintiff, Jourdean Lorah.

Jourdean Lorah 9/1/06

STATE OF DELAWARE
FIRST REPORT
OF
OCCUPATIONAL INJURY OR DISEASE40-0600-210
LOCATION/DEPT299400-76-21-40-2
INSURANCE POLICY NUMBER

1. EMPLOYEE: FIRST MIDDLE LAST Jordan Lorah			2. EMPLOYEE SOCIAL SECURITY NO. - 6601		
3. ADDRESS - INCLUDE COUNTY AND ZIP CODE Route 5 Box 150, 318 Frankford, DE 19945, Sussex Co.			4. MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		5. EMPLOYEE TELEPHONE NUMBER (302) - 539 - 4773
6. DATE OF BIRTH 1984	7. AGE 18	8. WAGE \$ 9.50 per hour		9. WEEKLY HOURS WORKED 40	
10. OCCUPATION (REGULAR) Lifeguard		11. DIVISION REGULARLY EMPLOYED DNREC/Parks & Recreation		12. HOW LONG EMPLOYED 2 years (seasonal)	
13. EMPLOYER DEPT. OF NAURAL RESOURCES & ENVIRONMENTAL CONRTOL				14. PERSON MAKING OUT THIS REPORT Bonnie Korstange	
15. ADDRESS - INCLUDE COUNTY AND ZIP CODE 89 Kings Highway, Kent County, DE 19901				16. EMPLOYER TELEPHONE NUMBER (302) - 739-5823	
17. MAILING ADDRESS - IF DIFFERENT FROM ABOVE N/A				18. NATURE OF BUSINESS STATE GOVERNMENT	
19. DATE OF REPORT 06/30/2003	19. DATE OF INJURY AND TIME 06/29/2003 4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	21. NORMAL STARTING TIME 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	22. IF EMPLOYEE BACK TO WORK GIVE DATE 06/30/2003	23. AT SAME WAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24. IF FATAL INJURY, GIVE DATE OF DEATH / /		24. DATE EMPLOYER KNEW OF INJURY 06/30/2003	26. DATE DISABILITY BEGAN / /	27. LAST FULL DAY PAID - DATE / /	
28. DESCRIBE THE INJURY/ILLNESS AND PART OF BODY AFFECTED. Injured right hand					
29. SPECIFY THE DEPARTMENT WHERE INCIDENT OCCURRED AND THE WORK PROCESS INVOLVED. Cape Henlopen State Park					
30. LIST THE EQUIPMENT, MATERIALS, AND CHEMICALS EMPLOYEE WAS USING WHEN THE INCIDENT OCCURRED, E.G. ACETYLENE. None					
31. DESCRIBE THE EMPLOYEE'S ACTIVITY AT THE TIME OF INJURY OR ILLNESS, I.E. Working out - diving into water					
32. DESCRIBE HOW THE INJURY/ILLNESS OCCURRED. While diving into water, employee jammed right hand into sand.					
33. NAME OF PHYSICIAN None needed at this time			34. PHYSICIAN'S ADDRESS		
35. HOSPITAL (IF APPLICABLE)			36. HOSPITAL ADDRESS		
WORKER'S COMPENSATION INSURANCE COMPANY AND COMPLETE ADDRESS (PREPRINT OR STAMP INCLUDE IAB CODE)					
37. (THIS SECTION MUST BE COMPLETED IN ORDER TO PROCESS)					
PMA MANAGEMENT CORP. P.O. BOX 25248 LEHIGH VALLEY, PA 18002					
I.A.B. CODE			POLICY NO.		
40			7621402		

Bonnie Korstange 7/8/03
SIGNATURE OF PERSON IN 14 ABOVE

H.R. Technician
OFFICIAL POSITION